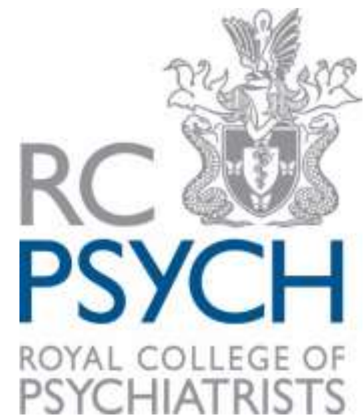
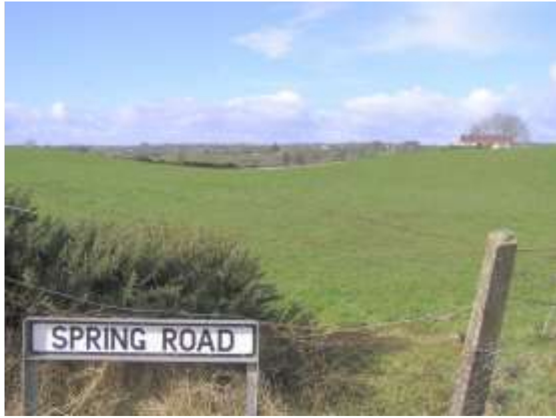


Faculty of Eating Disorders Newsletter

Spring 2023

Faculty of Eating Disorders Newsletter



Kenneth Allen | Spring Road,
Newtownstewart | CC BY-SA 2.0

Faculty of Eating Disorders Newsletter

Spring 2023

In this issue

1. Chair's Blog… 1
2. Reflections of a Finance Officer 3
3. Christopher Fairburn honoured by APS 4
4. Essay Prize Winne 5
5. Introduction to the Parliamentary Scholar 10
6. Scottish Faculty News 11
7. Reflections from the Autumn Conference 12
8. Spring Conference Reminder 16
9. ARFID public information resource 16

@rcpsychEDFac

Chairs Blog

by

Agnes Ayton

As my term as Chair of the Faculty of Eating Disorders at the RCPsych draws to a close, I would like to reflect on the past four years. It has been a privilege and a huge responsibility to serve as your Chair from 2019 to 2023, and I am grateful for the opportunity. I am delighted to announce that I will be passing the baton to Ashish Kumar in July, who has demonstrated extraordinary dedication to the work of the Faculty, in addition to his existing roles as a clinician, medical manager, and PhD student. I have no doubt that he will be an excellent chair, and I look forward to supporting him in his new role. I am that the Faculty will continue to go from strength to strength under Ashish's leadership.

I am also eternally grateful for our Faculty Manager Stephanie Whitehead’s steadfast support, wisdom and patience.

When I took up the post, my main priority was to improve medical education on eating disorders. We had not anticipated the pandemic in 2019, which has caused significant disruption to our professional and personal lives and seen an increase in eating disorders across the age spectrum. Many members of the executive team have been working hard to keep frontline services running, and I am grateful for your contributions to the Faculty's work, often in your spare time.

Despite these challenges, we have made significant progress. We issued a position paper on training and collaborated with the curriculum committee to include nutrition and metabolic health, as well as eating disorder psychiatry in the Silver Guide.

As a Faculty, we have improved engagement with trainees, charities, experts by experience, and politicians. Our Twitter account has almost 4,000 followers and international engagement. We have been working very closely with the RCPsych media department and have kept eating disorders in the mainstream media.

I am grateful to Ashish Kumar for introducing essay and research prizes, to Andrea Brown for helping to increase participation and access to our conferences, and managing our budget, and to Ali Ibrahim for organising the first inter-disciplinary conference. I believe we have a great deal of future opportunities to enhance training and cross-fertilise interdisciplinary collaboration and research. Our conferences have featured international speakers, which was made possible through the use of remote technologies.

We also began a pilot credentialing programme for eating disorders, which will continue next year, and the RCPsych is in ongoing talks with the GMC about approving credentialing. This has taken six years of work and is still ongoing, and I am grateful to everyone who has helped me get this far, especially Helen Bruce, Wendy Burn, and the Training and Workforce team for their assistance and support. The next event is simulation training on 24 March 2023.

We will be recruiting for the next cohort of candidates and trainers soon. Please advertise in your area to higher trainees, new consultants, and SAS doctors. It is critical to involve local TPDs and HOS because candidates must be working in eating disorder services. We were unable to accept all interested higher trainees last year because they were not assigned to eating disorder posts.

The publication of the Medical Emergencies in Eating Disorders (MEED) guidelines in the spring 2022 was a major accomplishment, and we are delighted that the document was approved by the Academy of Medical Royal Colleges. This should help with implementation in acute settings. I would like to thank everyone who contributed, as well as Dasha Nicholls for chairing the group. The NCCMH's assistance with the methodology was critical, as was the support from our president, Adrian James. The new guidelines include a section on type 1 diabetes and cover all eating disorders. This work, led by Simon Chapman, fills a critical gap in the field. The May conference that focused on this drew an attendance of 500 participants. NHS England has agreed to fund the development of a clinician app, and Helen Bould is assisting with dissemination. It will take some time because this is the RCPsych's first app.

Incorporating Medical Emergencies in Eating Disorders into mandatory training for all relevant frontline staff could significantly improve patient safety. Dasha Nicholls, NHSE's new national eating disorder advisor, may be able to assist with this issue in the future. I am very grateful to BEAT and HEE helping to develop and disseminate training materials for different health care professional groups.

I am a strong proponent of preventing avoidable eating disorder deaths and changing the myth that "anorexia has the highest mortality rate among mental disorders." We should make every effort to change this narrative because it has the potential to become self-fulfilling. It has been an honour to collaborate with Hope Virgo, Suzanne Baker, and Gerome Breen as part of the "Hearts, Minds, and Genes Coalition" to gain political support for improving eating disorder services and research.

Given the pressures on the wider NHS, it is critical to maintain political momentum. George Coates, our new Parliamentary Scholar, has also begun working with Baroness Parminter, a strong supporter in the House of Lords. There was an important Parliamentary debate during Eating Disorder Awareness Week.

We cannot rest on our laurels; instead, we must continue to advocate for improved training, workforce, and research. This includes increasing the number of trainers and training placements, as well as ensuring that all future psychiatrists are trained in the full range of eating disorders and can safely and effectively manage emergencies and differential diagnoses. This is consistent with the PHSO's new statement that progress toward parity across the age range has been insufficient, contributing to avoidable deaths and suffering.

In this context, I was taken aback by the controversy sparked by a letter in the medical psychotherapy newsletter in May, and I am pleased that the President allowed us to respond in September. This controversy raised a number of issues, including training, staff burnout, major variations in practices and therapeutic nihilism in the context of chronic underfunding. It is important that the field moves forward by improving care for patients and carers. James Downs has been extremely helpful in bringing together more positive perspectives, which

has been published in The Lancet Psychiatry. We hope to move forward with the Psychotherapy Faculty to think about shared issues of interest such as staff burnout.

I have also requested that my Faculty Chair Colleagues and the Professional Standards and Ethics Committee of the RCPsych consider the development of good practice guidelines for withdrawing care or end-of-life care for people with severe mental disorders. These are difficult ethical problems that have been considered in several countries, and it is important that eating disorders are not singled out in this context. I would like to thank everyone who has participated in this debate, either publicly or in person, and I hope we can move the conversations in a constructive direction.

This year's Annual Conference, which focused on treatment advances, was part of the credentialing training and provided much-needed therapeutic optimism. It was the first live streamed conference since the pandemic. The next training day will be simulation training. The physical consequences and comorbidities will be the focus of the spring conference in May. The final meeting will take place in September of this year and will include participant feedback, sharing of best practices, and work on quality improvement.

Regarding my own clinical work, I am pleased to report that we have completed an analysis of the impact of introducing integrated CBTE for severe and chronic anorexia nervosa requiring inpatient treatment, for which we have received an NHS Parliamentary award in 2022. We demonstrated that changing the treatment approach can achieve 70% good outcomes and reduce readmission rates by 70%. We would be delighted to help other teams introduce the model, which is the result of 20 years of research.

Thanks are due for all the efforts of our outgoing members whose terms finish in June and I would like to wish Dr Kumar every success for his leadership of the Faculty, and likewise to the new members who will be joining us soon.

Finance Officer’s reflections

by

Dr Andrea Brown

Finance Officer

I was asked to write on my experience as Finance Officer for the Eating Disorders Faculty, a role I have held for over 4 years. As my term is coming to an end this felt like a great opportunity to say something about what being a Finance Officer involves. I initially took on the role as ‘acting FO’ before applying for the post. To some extent this allowed me to see whether or not I wanted to commit. However, once I got to grips with what it involved I was happy to continue.

One of the things I have enjoyed the most is getting a greater understanding of how the College finances operate. In the past couple of years, the Finance Department has started providing regular updates meetings lasting an hour every 3 months where we get a chance to hear from the Treasurer and his team

about the College finances. They also talk us through our responsibilities and any areas which are new or challenging. There is plenty of time to ask questions as well.

One of the main sources of income for the Faculty is our conferences. As you can imagine the pandemic disrupted plans for face to face meetings and the remote conference was born. No one predicted how successful these would prove but of course the College had to invest heavily in the platforms and IT staff. Just as we started to get to grips with remote conferences and how this impacted on our budgets then the hybrid conference arrived. Having the opportunity to have in person at the same time as live streaming sounded amazing. The actual cost of such events was surprisingly high and we are still grappling with balancing the books!

Being FO means that you work closely with the Chair, Deputy Chair and Faculty members to bring to reality ideas that are suggested by means of an Annual Plan and budget. It is exciting to see things actually succeeding. I have been delighted to be involved with allocating research bursaries, essay and poster prizes and conference bursaries.

One of the aims of the College is to promote psychiatry and I have found that being FO has enabled me to play a part in encouraging psychiatrists to consider Eating Disorders psychiatry or at least to improve understanding of our challenging and often misunderstood field.

Professor Christopher Fairburn honoured by the APA

Christopher G. Fairburn received the APA's Distinguished Scientific Applications of Psychology Award in 2022**.** The Award for Distinguished Scientific Applications of Psychology is given by the American Psychological Association to an individual who, in the opinion of the Committee on Scientific Awards, has made distinguished theoretical or empirical advances that have led to the understanding or amelioration of significant clinical problems. He was honoured for his groundbreaking conceptualization of eating disorders and the development of novel, effective psychological treatments for these difficult-to-treat disorders. He is only the third psychiatrist to receive the award, following John Wolpe and Aaron Beck, and the only one from the United Kingdom.

Professor Fairburn was the first person to suggest using a transdiagnostic approach to treat eating disorders and other mental health problems. This idea transformed and improved treatment. Enhanced cognitive-behavioural therapy (CBTE) was originally developed for the outpatient treatment of adults suffering from bulimia, but it has since been adapted to treat a wide range of eating disorders as well as complex patients in intensive settings. CBTE is the first-line treatment for anorexia, bulimia, and binge eating disorders, according to NICE and SIGN guidelines.

He has also been a leader in promoting scalable treatments for the broader community in global mental health, including innovations that digitalize the way therapists are trained. He founded the Oxford Centre for Research on Eating Disorders, or CREDO. This web based resource is free to clinicians and the general public, was funded by HEE. https://www.cbte.co/

He has had a profound impact on colleagues and students, many of whom have become leaders in the field.

Chris attended Malvern College in Worcestershire before studying medicine at Oxford (1969–1974) and psychiatry at Edinburgh (1974–1976). (1976–1978). He returned to Oxford in 1980 and worked full-time in clinical research for the rest of his career. For the first three years (1981–1984), he was supported by the Medical Research Council, and for the next 33 years, he was supported by the Wellcome Trust (1984–2017).

In 2017, he retired from full-time research, but he remains an Emeritus Professor of Psychiatry at Oxford.

Essay Competition Prize Winner

What new ideas would you like to bring to the field of eating disorders which can help our patients and their carers?
Social Media and Eating Disorders

By

Dr Beenish Khan Achakzai (BDS, Dip MHP), Dr Shah Tarfarosh (MBBS, PGC, MRCPsych)

I come from the part of the world where a vast majority of the population faces unavailability of food due to political and economic factors. The self-image is related to one’s profession, skin tone and position in the professional or relationship hierarchy. In our South-East Asia, the body mass is usually indicative of how rich or poor the family is. The people who are extremely lean are looked down upon as being poor and those with chubby features are considered to be from well-to-do families. When a chubby lady is spotted, they say, ‘Yeh Khate peete ghar se lagti hain’ (She appears to be from a well-off family). I was happy with my self-worth as I trained to be a dentist, kept protecting my skin through branded moisturisers which kept the tone light, and I was blessed to come from a very loving family. I left that part of the world and got married to a Psychiatry registrar in Oxford (the co-author of this essay), without any unconscious reasons to get analysed by him. He got attracted to my chubbiness, but a few months before the marriage, I made an Instagram account to find out some trending ideas about our wedding photographs. It was there in those constant upward movements of my thumb on screen that I somehow convinced myself to lose some weight to look like those models in fancy wedding dresses. After marriage, I came to live with my husband in Oxford and started working with the Community Eating Disorders team. At work

and at home, I experienced a different paradigm that changed my perception about the social media and its effects on body-image and eating habits.

At work, my Eating disorder (ED) patients would tell me horrible stories about how they lost their teeth due to constant purging. It was interesting to hear from them that the ideas of purging were obtained from the accounts and pages they follow on their social media. Their moderate sense of low self-worth was precipitated by their constant observation of their favourite slim and trim Instagram models, the Tik-Tok videos of how to use laxatives for detoxification and rapid beautification, and their Facebook communities where members keep each other accountable for unhealthy weight loss. I worked with patients with horrible BMIs (Body Mass Index) – numbers as low as 13.1, 14.2, 15.3, and so on. I worked with patients who had horrendous fears of climbing on that weight machine with their shaky legs. While most patients had traumatic and changing lives, there was one thing that was quite pronounced and constant in their day-to-day life – the excessive use of social media.

At home in the evening, my husband, would often tell me about the horrible effects of social media on the mental health of young adults who self-harm, get bullied, get body shamed, and compare their lives to other people's happy moments. We would get into these discussions, while sipping cups of Kadak chai, about how powerful the social media algorithms are and how people stay glued to their phones for long as if their brains are being constantly force-fed with easy-to-absorb information. I remember the conversations over dinner with Indian curries about how it should be a priority of the body of doctors, and mental health organisations, to plan targeted strategies to get people to have a better sense of self-image and start having healthy eating behaviours. So, we started looking at literature and earlier work to see what has been done already in the field of social–media-driven prevention. We also investigated what innovative ideas can be implemented by psychiatric and eating-disorder organisations for the benefits of patients and their carers.

We found that a lot of experts seem to claim that social media use in the West is a huge contributing factor to the increase in the number of adolescents being diagnosed with eating disorders. We turned to PubMed where we found a large systematic review while searching for the theme 'ED and social media' published in the year 2020. It remarkably showed that the social media engagement or even exposure to image-related content is likely to have a negative impact on body image and the choice of food in some healthy young adults (1). There is no doubt that there are genetic components to EDs however, the current socio-cultural environment including the social media plays a significant role in the development as well as the maintenance of eating disorders (2). Not only does viewing the images of people with low body fat result in low self-esteem, but also in the lowering of calorie intake (3).

A perfect marketing strategy is used by capitalists to target users by paying Facebook to find the vulnerable users and show them their weight-reducing-diet advertisement. These billions of dollars spend on advertisements create a barrage of digital content which encourage people to be dissatisfied with their bodies and energise them to change the way they look. In contrast, the medical

Faculty and researchers spent hours (and a few thousands of pounds) looking for solutions in the clinical or experimental psychology laboratory or in collaborations with pharmacological companies to get that 'perfect cure' to fix the ED patients. It feels like we are constantly trying to be the firefighters for that burning building which is housed on a huge reservoir of sparkling oil. So, how can use the same innovative strategy as the unhealthy influencers or capitalists sitting behind the curtains of social-media algorithmic windows? We have mentioned a few solutions below, but wait, let us look in a bit more depth at how social media distorts our self-image without us being aware of it.

Social comparison theory

When people make comparisons with their peers who are perceived as being thinner or more attractive, that becomes a starting point for body dissatisfaction (4, 5). Enormous amount of time spent on social media with constant comparison with others, thus, catalyses the initiation and maintenance of body image dissatisfaction (4, 6).

Objectification theory

People often engage in self-objectification by internalising another-person perspective of themselves. This 'another person' is an ideal image made by amalgamation of several peers or influencers whose bodies are considered superior as seen on the social media. Thus, people start to habitually monitor their bodies for how they are looking. The like, share and comment buttons are just amplifiers of this objectification response (4, 7).

Source: Pixabay – free for commercial use

Ideas to help patients and carers – diamond cuts diamond approach

If the eating disorders and other mental health teams need to step in to nip the evil in the bud, they need to do it through the strongest catalyst driving ED aetiology – the social media. There are lots of influential doctors, nurses, paraclinical staff, mental health advocates, royal colleges, and mental health charities on social media. Let us try and understand the algorithm of our

opponent (read social media developers) by which we can use the power plays like 'social prescribing' effectively.

Beating the algorithm

The platforms like Instagram and TikTok highly rely on machine learning algorithms. Through these algorithms they filter the content based on preferences of users. This enables them to seek new audience for automatically sending out specific information, so that they could increase the engagement and send them ads related to that content. For example, if someone searched for body image issues, the algorithms would send them ads based on unhealthy laxative ads and online weight-loss personal trainers. They would also show them content of those users who might aggravate their body-image issues just to keep them glued to the screens.

An innovative algorithm-based approach could include asking patients to help patients identify and follow 10 such accounts which give healthy, scientific information about diet and body image and unfollow 10 accounts which keep them in the negative loop of body image dissatisfaction. The algorithm is designed to feed people more of what they like or follow, so, it would show them more of the healthy content.

Social prescribing

One of the approaches on a national or global mental health level would be to create or authenticate 10 such social media accounts, to begin with. In addition, the mental health charities could start having active professionally regulated online communities where people can be educated about harmful effects of restrictive behaviours and how to develop a positive self-image. Social prescribing has already started to be the next best medicine and we see a lot of books and apps being prescribed, besides long walks and cups of tea to counter loneliness, for example. It is now an established fact that people have online lives, and we can't get keep our head stuck in the sand by ignoring that fact and be just a medication prescribing ostrich.

Hitting the initial phases of behaviour change cycle

The psychoeducational material based on CBT (cognitive behavioural therapy) for ED can be turned into short reels or shorts on social media platforms like Facebook, Instagram, TikTok and YouTube. These can take the form of animated videos with voiceovers or simple videos with experts on eating disorders (or experts by experience) talking in those videos. Tweets and Retweets of these materials can be powerful. These videos can then be targeted via advertisement campaigns to people who are in pre-contemplation or contemplation phase of change. You can't get people in these two phases to engage in any NHS (National Health Service) workshops effectively. In the near future, the Metaverse will be a powerful platform for delivering online talks where such people can be easily motivated to engage in psychoeducation around seeking help for transforming their ED cognitions as it doesn't require you to move from the comfort of your home, but your avatar can in the Metaverse world. The capitalists who want to sell those slimming teas detox potions have already started their preparation for the Metaverse marketplace, we wonder why the eating-disorders mental-health professionals should stay behind?

More powerful ideas from what has already been done
In 2001, Yahoo was able to remove 113 websites from its servers which promoted development of anorexia-nervosa. Tumblr blogs on 'thinspiration' were exposed by Huffington-Post and they had to remove the same. We need to set up campaigns to force the contemporary platforms to remove such content although majority of these networks do state in their terms and conditions that users must not glorify eating-disorders. Thanks to some of the campaigners, the advertisement policy has forced few networks to ban weight loss advertisements. Some of the search terms like 'thinspiration' are now unsearchable but we still need to push for more of such unhealthy-content to be removed.

Some more Innovative ideas about what could also be done
We need to spread a positive message to carers and ED service users to unfollow or unsubscribe those people who are obsessed with food, exercise or appearance and motivate them to actively block and report those who engage in the activities like body shaming.

Individuals who also need to be reported or blocked are influencers who give extremely dangerous diet and exercise related advice, and the Royal colleges or mental health or medical charity organisations should openly respond to such viral content by putting the screenshots of 'unhealthy-immature-influencer-advice' on their own media feed alongside the scientific facts. With time, general public will start fact searching before going on to follow the 'life changing advice', which usually turns out to be a life destroying one.

Finally, if patients could be guided to either spend their time in nature and face-to-face socialisation, if possible, that would be better. But we realise that won't be workable for everyone. So, even educating them to structure their day and limiting their time on this harmful media machine would be helpful for patients. This is also true for their overburdened carers who try and search for solutions online and get trapped in detrimental sponsored content.

Summary
While it is almost impossible to get people to cancel their online lives, it is important for the medical field to keep up with the changing technological catalysts for etiological factors. The more proactive we are now, the smaller number of people with psychological burden of diseases like ED would be encountered ten years from now. Despite currently available potent medication or effective talking therapies, we must think about the above-mentioned innovative ideas to lessen the harmful effects of social media on eating disorder patients and their carers.

References

1. *Rounsefell, K., Gibson, S., McLean, S., Blair, M., Molenaar, A., Brennan, L., ... & McCaffrey, T. A. (2020). Social media, body image and food choices in healthy young adults: A mixed methods systematic review. Nutrition & Dietetics, 77(1), 19-40.*

2. *Sidani, J. E., Shensa, A., Hoffman, B., Hanmer, J., & Primack, B. A. (2016). The association between social media use and eating concerns among US young adults. Journal of the Academy of Nutrition and Dietetics, 116(9), 1465-1472.*
3. *Jett, S., LaPorte, D. J., & Wanchisn, J. (2010). Impact of exposure to pro‐eating disorder websites on eating behaviour in college women. European Eating Disorders Review, 18(5), 410-416.*
4. *Perloff, R. M. (2014). Social media effects on young women's body image concerns: Theoretical perspectives and an agenda for research. Sex roles, 71(11), 363-377.*
5. *Lewallen, J., & Behm-Morawitz, E. (2016). Pinterest or thinterest?: Social comparison and body image on social media. Social media+ society, 2(1), 2056305116640559.*
6. *Rodgers, R. F. (2016). The relationship between body image concerns, eating disorders and internet use, part II: An integrated theoretical model. Adolescent Research Review, 1(2), 121-137.*
7. *Fredrickson, B. L., & Roberts, T. A. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. Psychology of women quarterly, 21(2), 173-206.*

Keep an eye on the Faculty's webpages for the opening of this year's essay prize competition

Introduction to the Parliamentary Scholar Role

By

Dr George Coates

Parliamentary Scholar

My name is George and I am an ST6 Trainee in General Adult Psychiatry. After spending my ST5 year on an inpatient eating disorders unit I applied to become a Parliamentary Scholar for the Royal College of Psychiatrists, and fortunately I was linked up with the Baroness Parminter who often raises points or asks questions about eating disorders in the House of Lords. My role involves plenty of research and reading about the latest developments or news regarding eating disorders, and thinking about how we could bring this to the attention of the house, or how we could give our support to other groups including charities like Beat for example. We also review wider pieces of legislation, the Draft Mental Health Bill for example, to consider whether we might suggest any amendments, and how we might go about getting support for that. This role has brought me into contact with many people from the Royal College's Special Interest Group for Eating Disorders, and has allowed me to have insight into the governance of the group and be involved in discussions about the current and future states of eating disorder treatment. This role has also given me a chance to step back and

think on a much broader level than I may have considered before, and whether I return to this level or not, I think that it will benefit my practice in the future to have some understanding of the system in which we work, and how decisions are made.

Scottish Faculty News

by

Phil Crockett

Chair, Eating Disorder Faculty in Scotland (ScotFED)

The Scottish Government's National Review of Eating Disorder Services in Scotland has draw to a close in September of 2022, with its 3 work streams:

Developing quality standards in eating disorders for Scotland:
Develop further and plan for implementation of quality standards of care across Scotland for all levels of treatment for eating disorders.

Develop a skills and competency framework and training strategy:
Develop a skills and competency framework, and training strategy in partnership with NHS Education Scotland (NES) and Eating Disorders Education and Training Scotland (EEATS)

Agree a national eating disorder dataset and planning for consistent data collection across Scotland:
Design a comprehensive plan for systematic data collection and ongoing analysis across Scotland, to address current lack of data.

We understand there will be an overall report from the workstreams, but this is still awaited. There is still the plan for a national Eating Disorder quality network to go forward for development, though we have not seen a firm timeline for this There is a lived experience panel being set up presumably to work alongside the expected national network.

In terms of service developments and funding, the original £5 million of additional funding put forward in financial year 21-22 has been either spent on new developments or new trainings by services, or has been held over for later projects. The SG did allow that unspent monies, due to the tight timeframes could be spent in 22-23, but in fact the spending commitment due to the national funding situation across all projects has basically meant that new monies for 22-23 have been reduced by 50% for this project. Lack of recurrence being ensured going forward remains an enormous concern for services.

Services as a result have not been able to take forward all their hoped-for developments and new posts. On the positive side there has been clear growth and new projects that services have been able to support with the extra funding, for example improved day-patient facilities in Aberdeen, new team members in Edinburgh, training with the third sector in Forth valley and enhanced dining facilities for the Young Peoples unit in Dundee.

In other ScotFed Business: We shared our Scottish Faculty Conference this year with the Psychotherapy Faculty in Scotland. This took place on the 18th November 22 in Falkirk-our first face-to-face Faculty meeting since the pandemic. The programme had the theme of Body and Mind. By bringing together different strands of thought over the application of psychotherapies in the field of Eating Disorders it was very much enjoyed. We around 40 delegates which for Scottish meetings is a reasonable turnout and there was very positive feedback given.

A short AGM took place at Novembers meeting and there PC announced he would step down after the next 12 months as chair, so a process of finding a new Chair can begin with support of the devolved RCPsych office. We do have a volunteer to take the role of secretary of the devolved Faculty with no other nominations.

In terms of the hopes to develop the credentialing project in Scotland, there continue to be discussions between NES and the STB to work towards the arrangements. There is good support in principle from NES and the Scottish Implementation group was interested as well in the project.

As regards the experience of services currently most are reporting a dropping of waiting times as the backlogs are being successfully dealt with. Staffing changes and vacancies' in MDTs are putting pressure on many services. There remains a longer term, part time vacancy, for a Consultant Psychiatrist post in Tayside. There is also a new post in Adult EDs being created in Fife, to a full-time level, which is very pleasing news although obviously the challenge will be there given Tayside's experience to appoint to it. For trainees, there are CT and ST posts in a number of areas. The ST position looks slightly improved now with there being at least 2 posts this year expected to be based in Eating disorder services in Scotland.

There has been a period with no senior trainees getting relevant in Scotland, which was a major concern as regards future appointments to ED posts. Making credentialing available in Scotland is obviously a priority with that in mind as well to make ST experience more attractive to trainee

Reflections from the Autumn Conference

By

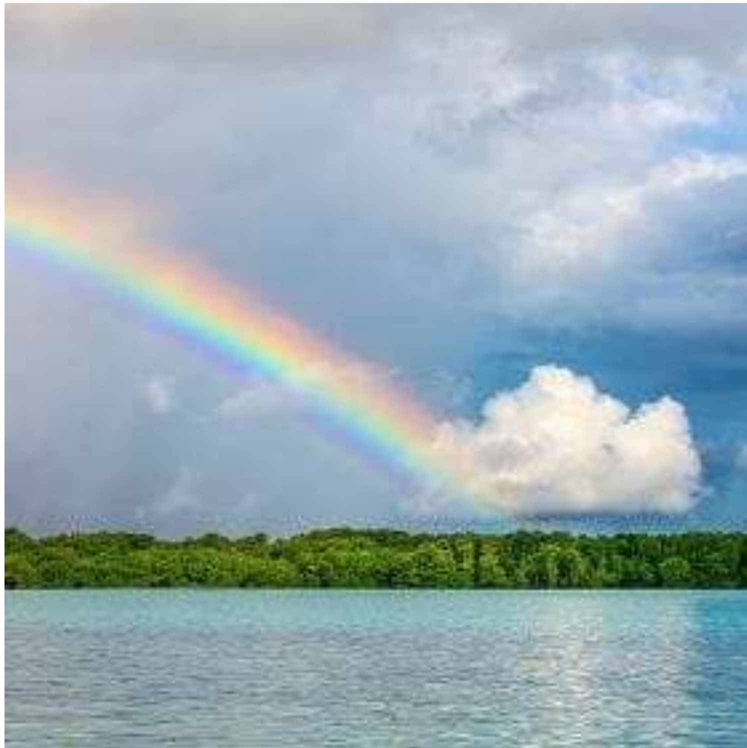
Judy Krasna,

Executive Director of FEAST.

This account is taken from the FEAST website is about Judy's experience of attending the Autumn Faculty conference in 2022.Links to the web pages are embedded. ©FEAST

THERAPEUTIC OPTIMISM

JUDY KRASNA NOVEMBER 8, 2022 EXECUTIVE DIRECTOR'S CORNER 7 COMMENTS



By Judy Krasna, F.E.A.S.T. Executive Director

Last week, I attended an impressive eating disorders conference in the UK. In her opening remarks, Dr. Agnes Ayton talked about the need for "therapeutic optimism" to counter the negativity and the glaring deficits in the system.

I was struck by how pretty much every speaker mentioned the failings of the treatment system in the UK. There was a palpable feeling of distress, frustration, and futility, like providers are treating eating disorders with one hand tied behind their backs due to the limitations, constraints, and deficiencies of the system. As someone who runs a global eating disorders organization, I can unfortunately assure you that this is not exclusively a UK issue, not by a longshot.

I was also struck by how every single speaker was genuinely passionate about treating eating disorders and by how pained they were by the current situation. The questions from the audience reflected this as well. And I was extremely impressed by the constant mention of including parents and families in treatment, which was truly music to my ears. Though the system may be getting it wrong, these providers are clearly getting it right.

There was a lot of talk about how covid crippled an already overtaxed system. While this is undoubtedly legitimate, I am concerned that somehow covid can potentially be used as an excuse to somehow justify the dysfunction.

One of the most glaring issues was the inability to be treated for eating disorders and comorbidity simultaneously. According to Dr. Mima Simic, depression is present in 50% of patients with eating disorders. We know that eating disorders are a risk factor for suicide. And yet, the system—pretty much every system in every country—seems to ignore these facts and not offer treatment which spans the eating disorder and the comorbidity, taking full recovery off the table for so many people. I find this personally heart-breaking because we experienced it first-hand.

To make matters even worse, the eating disorders sector is losing its workforce because it's too hard to treat eating disorders. No one wants to manage the risky cases. Please excuse the cynicism, but it must be nice to have the luxury to walk away. It's certainly not an option for us as parents.

One of the statistics that was mentioned at the conference is that the re-admission rate for inpatient treatment is 40-50%. That tracks with other countries throughout the world. It also means that treatment is failing miserably, despite what I can only assume are the best efforts of providers.

Are eating disorders difficult to treat? Obviously they are. But the thing is, they **are** treatable. I heard that at the conference as well. So, they are treatable illnesses, but they are not being successfully treated. What would be considered intolerable in other medical fields is somehow accepted in eating disorders treatment.

How do we improve the success rates of eating disorder treatment? That's the million dollar (or pound) question.

Years ago, I attended the International Conference on Eating Disorders, and the keynote speaker was Dr. Vikram Patel. He gave a fascinating presentation about administering mental health treatment in low-resource areas. One of the ideas that he mentioned was "task shifting," which according to the WHO is defined as shifting service delivery of specific tasks from professionals with higher qualifications to those with fewer qualifications or creating a new cadre with specific training. Dr. Patel was quoted in this paper as saying, "It is meant to alleviate the heavy workload of specialists and to ensure that those with no access to specialists have a means of accessing some level of mental health services."

Dr. Patel was referring to mental health treatment in India, but sadly I think that eating disorders treatment in many other countries qualifies as low resource.

As Dr. Patel was speaking, a few things occurred to me. One is that it seems to me that FBT (Family Based treatment) is a form of task shifting. Parents are

trained as partners in treatment, to handle specific meal-based tasks. Evidence has proven that this is effective.

As I was sitting in another session during the same conference about dealing with suicidality in eating disorder patients, I started thinking that parents can be trained in DBT so that they can help manage their child's distress, suicidal ideation, self-harm, and other extreme behaviors. Is this ideal? No, it's not. But I think it's viable.

Task shifting is something that I believe should be considered to alleviate the burden on the system. It can be used in different contexts. And I think it can work.

I am confident that there are solutions to the inadequacies of any system. I am hopeful that improvement will happen. I am positive that people with lived experience must be included in creating this change. I see true collaboration in the UK between experts by profession and experts by experience. There is a real sense of "we're all in this together" and genuine partnership.

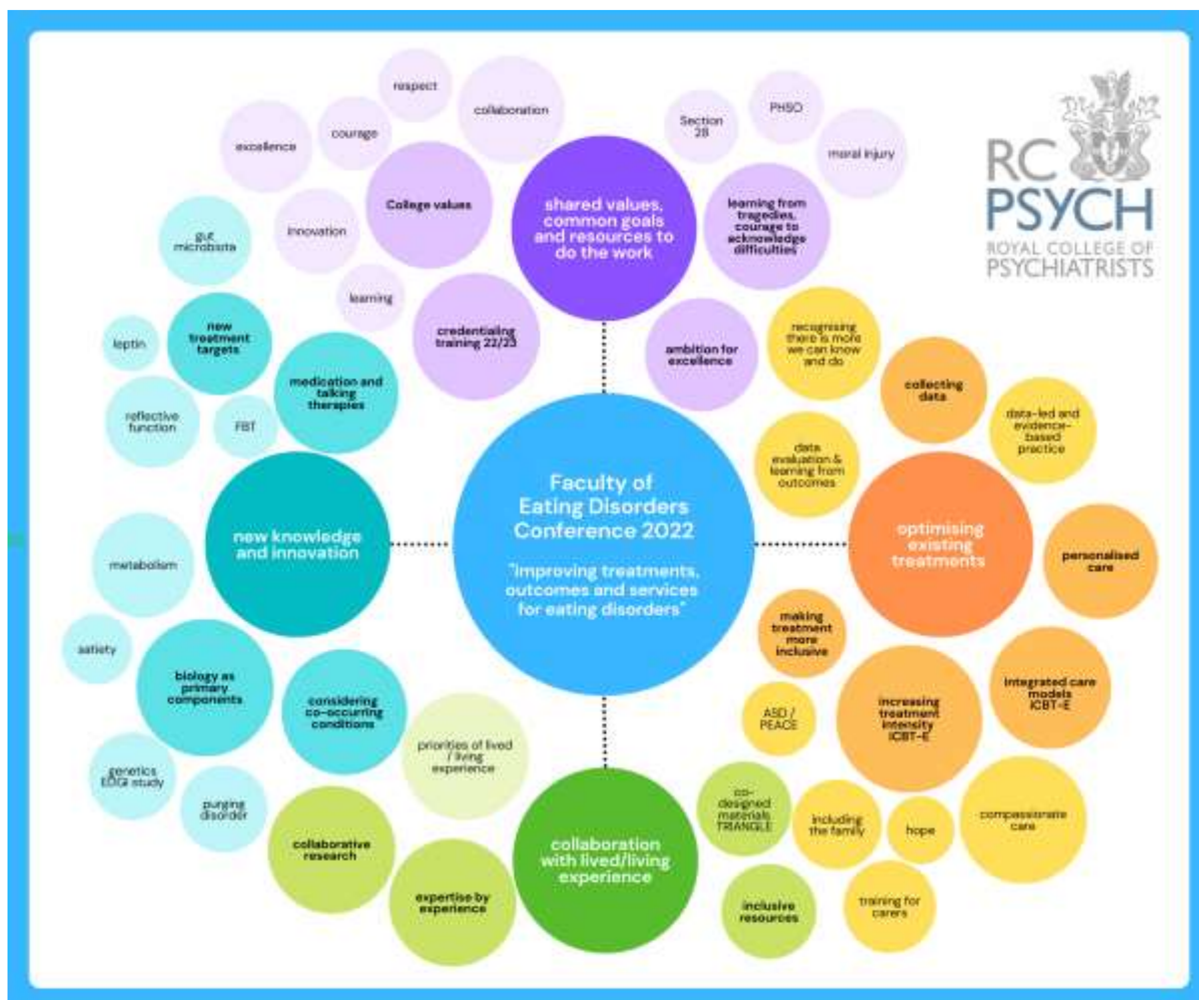
Dr. Agnes Ayton made an interesting observation. She said that if you don't have therapeutic optimism, you reinforce eating disorder psychopathology. I found that to be a very strong idea.

Eating disorders are not hopeless. Our kids are not hopeless. Treatment in the UK is not hopeless. In fact, some of the research presented at the conference was very encouraging. There is impactful work being done. There are so many clinicians and researchers out there determined to make the eating disorders field better. They are, and they will.

I truly hope that the eating disorder field embraces this therapeutic optimism. It will shape the way eating disorders are treated. It will provide the energy to persevere and the impetus to fix what is broken. It will reduce burnout and increase motivation. It can be key in improving outcomes.

I have full faith in UK clinicians and in our UK FEAST ambassadors to find ways together to make their system more effective and to overcome the significant barriers that stand in the way of better treatment. It can be done, in the UK, and across the globe. A little therapeutic optimism can go a long way to making this happen.

This reflective graphic shows the thoughts of James Downs, our member representing lived experience, with respect to the Autumn Conference.



Spring Conference Reminder | Wednesday 24 May 2023 | In person and live streamed

Mind-body connection in eating disorders: complexity of physical health co-morbidities, effect, management and outcome.

Visit the event page for current programme and to book your place

ARFID public information resource

In case you haven't seen it, the ARFID information resource is now published in the College website

Avoidant/restrictive food intake disorder looks at what ARFID is, who is most likely to develop it and why, how it's different to other feeding and eating disorders, how it's treated, and further information and support.